



# BPA VACANCY ANNOUNCEMENT (#001226-02-DE)

U.S. DEPARTMENT OF ENERGY  
BONNEVILLE POWER  
ADMINISTRATION

**POSITION AND LOCATION: POWER SYSTEM CONTROL CRAFTSMAN/TRAINEE, BB-2604, OREGON, WASHINGTON, IDAHO AND MONTANA**

**OPENING DATE:**  
03/15/02

**OPEN UNTIL FURTHER NOTICE**

**HOURLY PAY RATE:**  
**SEE BELOW**

Selections at Bonneville Power Administration (BPA) are based on merit and are accomplished without regard to political, religious, or union affiliation or non-affiliation, marital status, race, color, national origin, sex, sexual orientation, age, or non-disqualifying physical disability; nor will such action be based upon any personal relationship, patronage, or nepotism.

**WHO MAY APPLY:** All US Citizens

**POSITION LOCATIONS:** Transmission Business Line, Transmission Field Services – All Locations

**HOURLY PAY RATES:**

Trainee 4	\$25.31
Trainee 5	\$25.49
Craftsman	\$32.26

**Veteran's Preference:** A 5-point preference is granted to veterans who entered military service prior to October 14, 1976, or who served in a military action for which they received a Campaign Badge or Expeditionary Medal, or who served on active duty during the Gulf War from August, 1990 through January 2, 1992 and who served continuously for a minimum of 24 months or for the full period for which called or ordered to active duty. You may be entitled to a 10-point veteran's preference if you are a disabled veteran or Purple Heart recipient or you are the widow, widower, or mother of a deceased veteran. You must submit a Standard Form 15 (SF-15) and documented proof of your claim.

**CAREER TRANSITION ASSISTANCE PROGRAM (CTAP/ICTAP):** Displaced or surplus employees who may be entitled to consideration under CTAP/ICTAP must meet the OPM and BPA requirements for consideration. In order to receive consideration, displaced/surplus employees must apply for consideration. For additional information, please refer to [www.opm.gov](http://www.opm.gov) or to [www.bpa.gov](http://www.bpa.gov). You may also call the point of contact for this position for information and assistance.

**NOTES:**

Both permanent minimum crew size (MCS) positions and positions in excess of MCS workload will be filled from this announcement. For those positions in excess of MCS, upon completion of the training and promotion to the Craftsman 1 level, the incumbents are subject to managerial directed reassignment to any vacant MCS position for which there are not internal Craftsman bidders. Upon completion of the training and promotion to the Craftsman 1 level, and there are no vacant MCS positions available, the incumbents will remain at their training location until a MCS position becomes available for which there are no internal bidders. The incumbents may express their desire for a permanent MCS position by applying on the Continuous Vacancy Announcement for filling hourly jobs – (Bid List) at any time during their training or upon completion of their training.

This position may be filled at the either the full Craftsman level, or any of the Trainee levels.

Recruitment bonus/relocation expenses may be paid.

This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

Current permanent Federal employees with status may also apply under Merit Promotion procedures. Merit Promotion announcements can be viewed at [www.bpa.gov](http://www.bpa.gov). Applicants selected from this DEU announcement will serve a one-year probationary period regardless of current or former Federal service.

In addition to the wage rate, BPA pays a supplement equal to 4.4% of the wage rate to permanent employees for each hour of straight-time wages that are paid.

If selected, applicant will be required to pass a physical examination.

As per DOE Order 3792.3 this position is subject to random drug testing. Tentative selectees will be tested for the use of illegal drugs prior to final selection. A determination of the use of illegal drugs may lead to nonselection (based on a failure to meet conditions of employment). The successful applicant(s) will be subject to future random, unannounced testing. Failure to pass subsequent tests may result in disciplinary action, including removal from the Federal Service.

**SELECTIVE PLACEMENT FACTOR:** Selected applicants are required to obtain and maintain a valid state driver's license. Applicants must submit a copy of their complete driving record (covering the past 3 years and dated within the last 3 months), with their completed application. Candidates with a poor driving record and/or revocation of license will be immediately disqualified from consideration.

**DUTIES AND RESPONSIBILITIES:**

The **Power System Control Craftsman (PSC Craftsman)** performs preventive, corrective, and emergency maintenance on power system control equipment, such as: a. AM and FM radios with frequencies up to 900 MHz. These consist of fixed, mobile, and portable stations used for voice communications, control, and telemetering circuits. b. Power line carrier current equipment using AM, SSB, FM, and FSK modulation for the transmission of voice communications, power line relaying signals, telemetering, and supervisory control. c. Microwave radio equipment operating at frequencies above 900 MHz with high density channel loading capability. d. High density microwave multiplex equipment which includes the frequency generation equipment, telephone termination equipment and dial selectors, and all service channel or order wire equipment. e. Control and data equipment which includes SCADA, microwave alarm reporting systems, hydromet stations, ILDSS, digital/analog telemetering systems, central time system, transfer trip (used for line protection and remedial action schemes), data circuits, and general purpose modems. f. Miscellaneous equipment which includes auxiliary power equipment (engine generator controls, batteries and battery chargers, inverters, and UPS systems), power line fault locators (both portable and fixed), telephone switching equipment, PA systems, closed circuit television systems, fiber optics, and electronic test equipment. 2. Under supervision by District supervisor or supervising engineer, as necessary, performs the more difficult and non-routine types of maintenance work on the above equipment. Makes approved field modifications on equipment, and performs subsequent tests for work involving unusual problems or requiring analysis by the engineer. 3. Assists in performing initial energization tests of new installations and obtains data which will permit the supervising engineer to make an engineering evaluation of the equipment performance in terms of the contract specifications. 4. Installs certain types of equipment under general supervision after the procedures have been previously established. A typical job is the installation of mobile radios. 5. Measures and determines locations of radio and audible noise and power line interference and advises the supervising engineer of the source of the interference so that corrective action may be initiated. 6. In connection with the above various types of work, prepares reports which in general are a collection of test data, instrument readings, and other pertinent information which can be used by the supervising engineer to make an engineering determination on the equipment operations. 7. Performs miscellaneous duties related to maintenance of the communication system.

The **Power System Control Craftsman Trainee 5** performs preventive and corrective maintenance on power system control equipment. Additionally, there may be circumstances due to district staffing, the trainee may be expected to perform emergency maintenance on power system control equipment. Power system control equipment includes the following: a. AM and FM radios with frequencies up to 900 MHz. These consist of fixed, mobile, and portable stations used for voice communications, control, and telemetering circuits. b. Power line carrier current equipment using AM, SSB, FM, and FSK modulation for the transmission of voice communications, power line relaying signals, telemetering, and supervisory control. c. Microwave radio equipment operating at frequencies above 900 MHz with high density channel loading capability. d. High density microwave multiplex equipment which includes the frequency generation equipment, telephone termination equipment and dial selectors, and all service channel or order wire equipment. e. Control and data equipment which includes SCADA, microwave alarm reporting systems, hydromet stations, ILDSS, digital/analog telemetering systems, central time system, transfer trip (used for line protection and remedial action schemes), data circuits and general purpose modems. f. Miscellaneous equipment which includes auxiliary power equipment (engine generator controls, batteries and battery chargers, inverters, and UPS systems), power line fault locators (both portable and fixed), telephone switching equipment, PA systems, closed circuit television systems, fiber optics, and electronic test equipment. 2. Under supervision by the District supervisor or supervising engineer, as necessary, performs the more difficult and nonroutine types of maintenance work on the above equipment. The trainee may also make previously approved field modifications on equipment, and perform subsequent tests for work involving unusual problems or requiring CD analysis by the engineer. 3. Assists in performing initial energization tests of new installations and obtains data which will permit the supervising engineer to make an engineering evaluation of the equipment performance in terms of the contract specifications. 4. Installs certain types of equipment under general supervision after the procedures have been previously established. A typical job is the installation of mobile radios. 5. Assists in measuring and determining locations of radio and audible noise and power line interference and advises the supervising engineer of the source of the interference so that corrective action may be initiated. 6. In connection with the above various types of work, prepares reports which in general are a collection of test data, instrument readings, and other pertinent information which can be used by the supervising engineer to make an engineering determination on the equipment operation. 7. Performs miscellaneous duties related to the maintenance of the communication system.

The **Power System Control Craftsman Trainee 4** observes and participates, under direct supervision of a PSC Journeyman craftsman or engineer, in the preventive and corrective maintenance on Power System Control equipment. The Trainee is expected to gain knowledge of various work and maintenance processes performing progressively more difficult assignments throughout their training. 1. The trainee will observe and participate in the maintenance of the following types of PSC equipment: a. AM and FM radios with frequencies up to 900 MHz. These consist of fixed, mobile, and portable stations used for voice communications, control, and telemetering circuits. b. Power line carrier current equipment using AM, SSB, FM, and FSK modulation for the transmission of voice communications, power line relaying signals, telemetering, and supervisory control. c. Microwave radio equipment operating at frequencies above 900 MHz with high density loading capability. d. High density

microwave multiplex equipment which includes frequency generation equipment, telephone termination equipment and dial selectors, and all service channel or order wire equipment. e. Control and data equipment which includes SCADA, microwave alarm reporting systems, hydromet stations, ILDSS, digital/analog telemetering systems, central time system, transfer trip (used for line protection and remedial action schemes), data circuits and general purpose modems. f. Miscellaneous equipment which includes auxiliary power equipment (engine generator controls, batteries and battery chargers, inverters, and UPS systems), fiber optics, and electronic test equipment. 2. The trainee may observe and make previously approved field modifications on equipment that is not in service or connected to the power System. 3. The trainee may observe and assist in performing initial energization tests and in obtaining data for new installations. This data may be utilized by the supervising engineer to make engineering evaluations of equipment performance in terms of the contract specification. 4. The trainee may observe and participate in the installation of equipment under general supervision after procedures have been previously established. 5. The trainee may observe and assist in measuring and determining locations of radio frequency interference, television interference, and audible power line noise. 6. The trainee may prepare preliminary reports, which in general are a collection of test data, instrument readings, and other pertinent observations and information which can be used by the District supervisor to make determinations on equipment performance. 7. The trainee may perform miscellaneous duties related to the maintenance of the communication system, such as setting up test equipment and the recording of test data during maintenance work.

#### **WORKING CONDITIONS:**

Most of the work is indoors, although some of the power line carrier and mobile radio work is outside. Work may involve occasional travel to remote sites and exposure in all kinds of weather. Repair work or other emergency work may be required at any time of a 24-hour day. Voltages up to several thousand volts may be present in some types of equipment. Some of the work is performed around moving machinery in the auxiliary power equipment. The work may involve driving maintenance vehicles over steep and narrow mountain roads. Work may involve working alone and possibly in isolated locations.

#### **PHYSICAL REQUIREMENTS:**

The **Power System Control Craftsman** and the **Power System Control Craftsman Trainee 5** must be physically and mentally able to efficiently perform the duties of the position, with or without reasonable accommodation, without hazard to themselves or others. The duties involve lifting and carrying instruments weighing up to 80 pounds at chest level, and frequent standing, walking, bending, reaching, stooping, and climbing ladders. Employees must occasionally work in confined spaces and in awkward positions. Extensive driving over unimproved surfaces may be required. Work may be performed on smooth or uneven surfaces and will be performed under varying climatic conditions. Must be able to use two electronic test probes simultaneously at separated points. They may be required to travel on snowshoes for several miles at a time, carrying a heavy backpack. Incumbents must have the ability to read printed material the size of typewritten characters. They must be able to distinguish different electrical/electronic components based on color coding or shade variations. They must have the ability to hear the conversational voice. Speech must be suitable for clear communication by telephone. Must be able to work alone under stressful situations. Incumbents must be in good physical condition sufficient to safely perform the duties of the position.

The **Power System Control Craftsman Trainee 4** must be physically and mentally able to efficiently perform the duties of the position, with or without reasonable accommodation, without hazard to themselves or others. The duties involve lifting and carrying instruments weighing up to 50 pounds (23 kg) at chest level, and frequent standing, walking, bending, reaching, stooping, and climbing ladders. Duties must be performed on smooth or uneven surface and will be performed under varying climatic conditions. Incumbent must be able to use two electronic test probes simultaneously at separated points. They may be required to travel on snowshoes for several miles at a time, carrying a heavy backpack. Extensive driving over unimproved surfaces may be required. Incumbents must have the ability to read printed material the size of typewritten characters. They must be able to distinguish the different electrical/electronic components based on color coding or shade variations. They must have the ability to hear the conversational voice. Speech must be suitable for clear communication by telephone. Must be able to work alone under stressful situations. Incumbents must be in good physical condition sufficient to safely perform the duties of the position.

#### **CONDITIONS OF EMPLOYMENT:**

Persons filling **Power System Control Craftsman** positions may be required to meet some or all of the following conditions: 1. Become familiar with and follow the safety practices of the BPA Accident Prevention Manual. 2. If exposed to health hazards, have periodic physical examinations as prescribed by competent medical authority at BPA expense. 3. Possess a valid state drivers license. Possess a U. S. Drivers License or obtain within 30 days after the requirement is established. Additional endorsements on valid drivers license may be required to operate assigned vehicles. Traffic citations indicating poor driving habits may disqualify applicants. 4. Possess an electrical worker's permit or obtain one within 1 year after appointment. 5. As circumstances dictate, or as required by management, possess or obtain standard clearance certification. 6. Possess within one year, and maintain continuously, both a First Aid card and a CPR card. 7. Take First Aid refresher training, when possible. 8. Subject to call for emergency work at any time. 9. Operate motor vehicles, including 1-1/2 ton pickups, sedans, van type trucks, 4 x 4's, and snow-cats, as required by management.

Persons filling **Power System Control Craftsman Trainee 5** positions may be required to meet some or all of the following conditions: 1. Satisfactory completion of each trainee step and associated related training is mandatory for advancement to the next step. Failure of any two of the step examinations will result in removal from the trainee program. 2. Become familiar with and follow the safety practices of the BPA Accident Prevention Manual. 3. If exposed to health hazards, have periodic physical examinations as prescribed by competent medical authority at BPA expense. 4. Possess a valid state driver's license. Possess a U. S. Drivers License or obtain within 30 days after the requirement is established. Additional endorsements on valid drivers license may be required to operate assigned vehicles. Traffic citations indicating poor driving habits may disqualify applicants. 5. Possess a restricted electrical worker's permit or obtain one within 1 year. 6 As circumstances dictate, or as required by management, possess or obtain standard clearance certification. 7. Possess within 1 year after appointment, and maintain

continuously thereafter, both a First Aid card and a CPR card. 8. Take First Aid refresher training, when possible. 9. Subject to call for emergency work at any time. 10. Operate motor vehicles, including 1-1/2 ton pickups, sedans, van type trucks, 4 x 4's, or snow-cats, as required by management.

Persons filling **Power System Control Trainee 4** positions will be required to meet all of the following conditions: 1. Satisfactory completion of each training group is mandatory for advancement to the next training group. Failure of any two of the group examinations will result in removal from the trainee program. 2. Become familiar with and follow the safety practices of BPA Accident Prevention Manual. 3. If exposed to health hazards, have periodic examinations as prescribed by competent medical authority at BPA expense. 4. Possess a valid state driver's license. Obtain a US. Drivers License within 30 days after the requirement is established. Additional endorsements on valid drivers license may be required to operate assigned vehicles. Traffic citations indicating poor driving habits may disqualify applicants. 5. Obtain a Substation Entry Permit or obtain one within 2 months after becoming a PSC Craftsman Trainee and maintain continuously thereafter. 6. Pass examination for a Restricted Electrical Worker Permit within 6 months after becoming a PSC Craftsman Trainee, Step 3 and maintain continuously thereafter. 7. Obtain within 2 years after appointment, and maintain continuously thereafter, both a First Aid and CPR certification. 8. Operate motor vehicles, including 1- 1/2 ton pickups, sedans, van type trucks, 4 x 4's, or snow cat, as required by management.

**QUALIFICATION REQUIREMENTS:** Applicants must have had progressively responsible experience and training sufficient in scope and quality to successfully perform the duties of the position without more than normal supervision. Applicants will be evaluated on the basis of experience, education, and training on the following elements. Applicants should submit the Supplemental Questionnaire for Power System Control Craftsman/Trainee, BB-2604, that addresses the following **KSA's**. Experience/training shown in your supplemental questionnaire must be reflected in your application.

1. ABILITY TO PERFORM THE WORK OF A POWER SYSTEM CONTROL CRAFTSMAN/TRAINEE WITHOUT MORE THAN NORMAL SUPERVISION. (Failure to meet this requirement will result in an ineligible rating.)
2. Knowledge of assembly, adjustment, and repair of electronic and communication equipment.
3. Use of electronic test equipment.
4. Knowledge of electronic communication theory
5. Troubleshooting (electronic equipment).
6. Ingenuity (ability to suggest and apply new methods).

**BASIS OF RATING:** No written test is required. Ratings will be based on an evaluation of the quality and extent of experience, education and training in relation to the KSA's identified on the Supplemental Questionnaire for Power System Control Craftsman/Trainee, BB-2604. **YOU ARE REQUIRED TO SUBMIT THE ATTACHED SUPPLEMENTAL QUESTIONNAIRE FOR POWER SYSTEM CONTROL CRAFTSMAN/TRAINEE, BB-2604. Failure to submit the supplemental for this position may negatively affect your eligibility and/or rating.**

**HOW TO APPLY:**

Submit your application with supplemental information. It must be received with the application. Your application package should include the following:

- Your resume, or other application, that fully describes your education and experience.
- Supplemental Questionnaire for Power System Control Craftsman/Trainee.
- Driving record abstract for past three (3) years
- Optional Form 306 – Declaration for Federal Employment
- DOE Form 1600.7e APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION
- Member 4 copy of Military Discharge Papers, DD-214 (if applicable)
- SF-15, Application for 10-point Veteran Preference with proof of your claim (including letter of compensable disability dated within the last 12 months), if applicable
- Applicant's Statement of Selective Service Registration Status

**APPLICATION INFORMATION:**

There is no specific required application form, however, there is specific information that you are required to submit. For further information on completing your application, please refer to the statement below "Required Information on Resumes."

- Applicants may, at their choice, submit a resume, the Optional Application for Federal Employment (OF 612), a copy of the obsolete Application for Federal Employment (SF 171), or any other written application format.
- All applications must contain sufficient information to determine eligibility for the position.
- Applicants will not be contacted for missing information.

**REQUIRED INFORMATION ON RESUMES:**

1. Announcement number, title, and grade of the position for which you are applying.
2. Your full name, mailing address, and day and evening telephone number.
3. Your Social Security Number.
4. Country of citizenship.
5. Veteran's preference claimed.
6. High school attended which includes name of high school, location (city/state), and date of diploma or GED.

7. Work experience (Paid and non-paid experience related to the job for which you are applying. Include job title, duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates, hours worked per week, salary).
8. Indicate if we may contact your current supervisor.
9. A list of other job related training, skills (for example, languages, tools, machinery, typing speed, etc.), certificates and licenses, honor societies, awards, professional membership, publications, leadership activities, performance awards, etc.

Forms Availability: All application materials may be obtained from all Bonneville Power Administration Human Resources offices 5411 NE Highway 99, Plant Services Building, Vancouver, WA; or 905 NE 11th Avenue, Portland, OR, or by calling 360-418-2090 or 503-230-3055. You may also download a copy of this announcement, including all forms from our internal website, or our external website at [www.bpa.gov](http://www.bpa.gov)

If you have questions, you may call the Staffing Center, 360-418-2090 or 503-230-3055.

**Do not submit** letters of recommendation, transcripts, copies of awards, training certifications, copies of position descriptions, or published works unless specifically requested above. Applicants should retain a copy of their application as BPA does not return applications or provide copies.

#### **WHERE TO APPLY:**

Bonneville Power Administration, ATTN: Personnel Services – CHP-PSB/2, 5411 NE Highway 99, Vancouver, WA 98663; or Bonneville Power Administration, ATTN: Personnel Services – CHP-PSB/2, PO Box 491, Vancouver, WA 98666.

#### **RECEIPT OF APPLICATION:**

Applications submitted by fax or e-mail must be time/date stamped or electronically postmarked at point of origin.

Applicants will be notified of receipt of their application package.

#### **Fax Applications:**

Faxed applications should be sent to 360-418-2063. Applicants are responsible for ensuring that application materials transmit successfully.

#### **Email Applications:**

Applications should be sent as email attachments to: [bpaapplicants@bpa.gov](mailto:bpaapplicants@bpa.gov). The announcement number must be included in the subject line of the email. Required forms may be sent as email attachments, may be faxed, or sent as hard copy. Application materials provided by different means must be cross-referenced so they may be combined at BPA. Applicants who apply by email will receive an email confirmation. Applicants are responsible for ensuring that application materials are formatted in a manner that will transmit successfully.

The Bonneville Power Administration is a harassment free workplace.

<a href="http://www.va.gov">www.va.gov</a>	<a href="http://www.bpa.gov">www.bpa.gov</a>	<a href="http://www.usajobs.opm.gov">www.usajobs.opm.gov</a>	<a href="http://www.opm.gov/qualifications/index.htm">http://www.opm.gov/qualifications/index.htm</a>
Veterans	Bonneville Power	Office of Personnel	Office of Personnel Management
Administration	Administration	Management Jobs	

**APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION**

*(Please read the Instructions and Privacy Act Statement before completing this form)*

**OMB Burden Disclosure Statement**

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422-GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, SW, Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

**PRIVACY ACT STATEMENT**

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.** Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5n of the U.S. Code; Section 2000e of Title 42 U.S. Code; and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in Personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number	Position Title, Series, Grade
Name (Last, First, Middle Initial)	Social Security Number
Sex <input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

**SECTION A. DISABILITY STATUS**

A person is disabled if he or she has a physical or mental impairment, which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation.

NOTE: Please place only ONE two-digit code number in the box.

05. I do not have a disability
16. Total deafness in both ears, with or without understandable speech.
23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)
25. Blind in both eyes (no usable vision, may have some light perception).
28. Missing one arm or one leg.
33. Missing hands or both arms or both feet or both legs.
35. Missing one hand or arm and one foot or leg.
64. Partial paralysis of both hands. Partial paralysis of both legs, any part, or both arms, any part.
65. Partial paralysis of both legs, any part, or both arms, any part.
67. Partial paralysis of one side of the body, including one arm and one leg.

## APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

68. Partial paralysis of three or more major parts of the body (arms and legs)
71. Complete paralysis of both hands or both arms or both legs.
72. Complete paralysis of one arm or one leg.
76. Complete paralysis of lower half of body, including legs.
77. Complete paralysis of one side of body, including one arm and one leg.
78. Complete paralysis of three or more major parts (of body) (arms and legs).
82. Convulsive disorder (e.g. epilepsy).
90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency).
91. Mental or emotional illness (a history of treatment for mental or emotional problems).
92. Severe distortion of limbs and/or spine (e.g. dwarfism, severe distortion of the back).
06. I have a disability, but it is not listed above. Describe:

### SECTION B. RACE/NATIONAL ORIGIN

The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are a mixed race and/or national origin, select the category with which you identify yourself. NOTE: Please mark only ONE box.

- |                                      |                          |   |
|--------------------------------------|--------------------------|---|
| A. American Indian or Alaskan Native | <input type="checkbox"/> | A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.   |
| B. Asian or Pacific Islander         | <input type="checkbox"/> | A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam. |
| C. Black, not of Hispanic origin     | <input type="checkbox"/> | A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.                        |
| D. Hispanic                          | <input type="checkbox"/> | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin.   |
| E. White, not of Hispanic origin     | <input type="checkbox"/> | A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures or origins.            |
| F. Other                             | <input type="checkbox"/> | A person not included in the above categories.  |

In order for us to assess the effectiveness of our Recruitment efforts please identify how you learned about this job by marking the appropriate box and providing the name of the source:

- ☐ Internet web-site    ☐ Newspaper Ad    ☐ Trade Journal    ☐ Other (Please indicate)

## PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The Office of Personnel Management is authorized to request this information under sections 1302,3301,3304, and 8716 of title 5 of the U.S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Public burden reporting for this collection of information is estimated to vary 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E. Street, NW, Washington, D.C. 20415.

**ROUTINE USES:** Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceeding where the Government is a party; law enforcement agencies concerning a violation of law or regulation Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting or issuing licenses, grants or other benefits; public and private organizations, including news media, which grant or publicize employee recognition and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the

Electronic Form Approved by CGIR 09/03/97

National Archives, the Federal Acquisitions Institute, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service and the date and nature of action for separation shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.

Optional Form 306  
September 1994  
U.S. Office of Personnel  
Management

## Declaration for Federal Employment

Form Approved  
O.M.B. No. 3206-0182  
NSN 7540-01-368-7775  
50306-101

### GENERAL INFORMATION

1 FULL NAME



2 SOCIAL SECURITY NUMBER



3 PLACE OF BIRTH (Include City and State or Country)



4 DATE OF BIRTH (MM/DD/YY)



5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)



6 PHONE NUMBERS (Include Area Codes)

DAY



NIGHT



### MILITARY SERVICE

7 Have you served in the United States Military? If your only active duty was training in the Reserves or National Guard, answer "NO".....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES", list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.

BRANCH

FROM

TO

TYPE OF DISCHARGE

### BACKGROUND INFORMATION

**For all questions**, provide all additional requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

**For questions 8, 9, and 10**, your answers should include convictions resulting from a plea of nolo contendere (*no contest*), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

8 During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives, violations, misdemeanors, and all other offenses.) If "YES", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

9 Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) If "YES", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

10 Are you now under charges for any violation of law? If "YES", use item 15 to provide the date, explanation of the violation, place of occurrence, and name and address of the police department or court involved.

11 During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? If "YES", use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.

12 Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES", use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

### ADDITIONAL QUESTIONS

13 Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepson, stepdaughter, stepbrother, stepsister, halfbrother, and halfsister.) If "YES", use item 15 to provide the name, relationship, and the

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



Department, Agency, or Branch of the Armed Forces for which your relative works. ....

**14** Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS

**15** Provide details requested items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

### CERTIFICATIONS/ADDITIONAL QUESTION

**APPLICANT: If you are applying for a position and have not yet been selected.** Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

**APPOINTEE: If you are being appointed.** Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and attached materials are accurate, complete item 16/16b and answer item 17.

**16** I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment by as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

**16a** Applicant's Signature  
(Sign in ink)



Date ➔

**16b** Appointee's Signature  
(Sign in ink)



Date ➔

APPOINTING OFFICER: Enter Date of Appointment or Conversion



**17 Appointee Only (Respond only if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

**17a** When did you leave your last Federal job? .....

Date (MM/DD/YY)

**17b** When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

**17c** If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item

17c is "No", use item 15 to identify the type(s) of insurance for which waivers which were not cancelled. ....

Yes No Don't Know

☐ ☐ ☐

☐ ☐ ☐

Optional Form 306 (Back)  
Optional Form 306  
U.S. Office of Personnel  
Management

## Declaration for Federal Employment

September 1994  
Form Approved  
O.M.B. No. 3206-0182  
NSN 7540-01-368-7775

### INSTRUCTIONS

This information collected for this form is used to determine your acceptability for Federal employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true before you are appointed.

Your Social Security Number is needed to keep our records accurate, because people may have the same name and birthdate. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However,

if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

You must answer all questions truthfully and completely. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18 section 1001).

Either type your responses to this form or print clearly in dark ink. If you need additional space, attach letter size sheets (8.5" x 11"), including your name, Social Security Number, on each sheet. It is recommended that you keep a photocopy of your completed form for your records.

**APPLICANT'S STATEMENT OF SELECTIVE SERVICE  
REGISTRATION STATUS**

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must be registered with the Selective Service System, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for appointment by executive agencies of the Federal Government.

**Certification of Registration Status**

Check one:

- ☐ I certify that I am registered with the Selective Service System.
- ☐ I certify that I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law.
- ☐ I certify that I have not registered with the Selective Service System.
- ☐ I certify that I have not reached my eighteenth birthday and understand I am required by law to register at that time.

Use ink to complete information below.

Legal Signature	Printed Name	Date

**Non-Registrations Under Age 26**

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or at a consular office if you are outside the United States.

**Non-Registrants Age 26 or Over**

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. Accordingly, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency which was considering you for employment by returning this statement with our written request for an OPM determination together with any explanation and documentation you wish to furnish to prove that our failure to register was neither knowing nor willful.

**Privacy Act Statement**

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of our application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

**False Statement Notification**

A false statement may be grounds for not hiring you or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment (Section 1001 of Title 18, United States Code.)  
BPA 1871 APR 1988

DEPARTMENT OF ENERGY SURPLUS OR DISPLACED EMPLOYEES REQUESTING  
SPECIAL SELECTION PRIORITY CONSIDERATION

If you are currently a Department of Energy employee who has received a Reduction in Force (RIF) separation notice or a Certificate of Expected Separation you may be entitled to special priority selection under the Department of Energy's Career Transition Assistance Program (CTAP). To receive this priority consideration you must:

1. Be a current Department of Energy career or career-conditional (tenure group I or II) competitive service employee who has received a RIF separation notice or a Certificate of Expected Separation (CES) and, the date of the RIF separation has not passed and you are still on the rolls of the Department of Energy. You must submit a copy of the RIF separation notice or CES along with your application.
2. Be applying for a position that is at or below the grade level of the position from which you are being separated. The position must not have a greater promotion potential than the position from which you are being separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package.
4. Be currently employed by the Department of Energy in the same commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all application criteria , (e.g. submit all required documentation).
6. Be rated well-qualified for the position.

DISPLACED EMPLOYEES FROM OTHER FEDERAL AGENCIES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION UNDER THE INTERAGENCY CAREER TRANSITION ASSISTANCE  
PROGRAM (ICTAP)

If you are a displaced Federal employee from another Agency, you may be entitled to receive special priority selection under the ICTAP. To receive this priority consideration you must:

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as a RIF separation notice, a letter from OPM or your agency documenting your priority consideration status with your application package. The following categories of candidates are considered displaced employees:
  - A Current or former career or career-conditional (tenure group I or II) competitive service employees who:
    1. Received a specific RIF separation notice, **OR**
    2. Separated because of a compensable injury, whose compensation has been terminated and whose former agency certifies that it is unable to place, **OR**
    3. Retired with a disability and whose disability annuity has been or is being terminated, **OR**
    4. Upon receipt of a RIF separation notice retired on the effective date of the RIF and submits a Standard Form 50 that indicates "Retirement in lieu of RIF", **OR**
    5. Retired under the discontinued service retirement option, **OR**
    6. Was separated because he/she declined a transfer of function or directed reassignment to another commuting area,
  - OR**
  - B Former Military Reserve or National Guard Technicians who are receiving a special Office of Personnel Management (OPM) disability retirement annuity under section 8337(h) or 8456 of title 5 United States Code.
2. Be applying for a position at or below the grade level of the position from which you have been separated. The position must not have a greater promotion potential than the position from which you were separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement.)
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all the application criteria (e.g. submit all required documentation).

Be rated well-qualified for the position.

# GEOGRAPHIC AVAILABILITY FORM

## Power System Control (PSC) Craftsman/Trainee

Rev 1/2002

NAME	DATE	SOCIAL SECURITY NUMBER
------	------	------------------------

Please check all locations for which you are available for work. You will only be considered for hire at the locations you check when a position becomes available.

☐ **ANYWHERE IN OREGON, WASHINGTON, IDAHO, OR MONTANA**

☐ **OREGON  
ANYWHERE**

- ☐ Eugene/Goshen (Alvey)
- ☐ Klamath Falls (Malin)
- ☐ Coos Bay (North Bend)
- ☐ Redmond
- ☐ Salem (Chemawa )
- ☐ The Dalles (Maintenance)
- ☐ Umatilla (McNary)
- ☐

☐ **WASHINGTON  
ANYWHERE**

- ☐ Chehalis
- ☐ Ellensburg
- ☐ Grand Coulee
- ☐ Kent
- ☐ Longview (Maint. HQ)
- ☐ Olympia
- ☐ Pasco
- ☐ Richland
- ☐ Snohomish
- ☐ Spokane (Bell)
- ☐ Spokane (MCC)
- ☐ Vancouver (Ross)
- ☐ Vancouver (Dittmer)
- ☐ Vancouver (Mod Repair & Trng Ctr)
- ☐ Wenatchee (Sickler)

☐ **IDAHO  
ANYWHERE**

- ☐ Idaho Falls
- ☐ Lewiston
- ☐

☐ **MONTANA  
ANYWHERE**

- ☐ Missoula (Garrisom)
- ☐ Kalispell

☐ **UNASSIGNED--ANYWHERE IN OREGON, WASHINGTON, IDAHO, OR MONTANA**

**The unassigned position is filled at a location well suited for training. Upon completion of the training program you will be reassigned to the next vacant location.**

OMB Approval  
#1910-1100

Revised 02/02

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St. \_\_\_\_\_  
Zip code \_\_\_\_\_  
Social Security \_\_\_\_\_  
Telephone Home (     ) \_\_\_\_\_  
Work (     ) \_\_\_\_\_

**U.S. DEPARTMENT OF ENERGY  
BONNEVILLE POWER ADMINISTRATION**

**SUPPLEMENTAL QUESTIONNAIRE FOR  
POWER SYSTEM CONTROL CRAFTSMAN OR  
POWER SYSTEM CONTROL CRAFTSMAN TRAINEE**

**TO APPLICANT:** The information requested on this Supplemental Questionnaire is needed to evaluate and rate your application. Fill out all pages completely and accurately. The questions have been designed to cover a wide range of skills and knowledge to insure that you receive all credit for experience to which you are entitled. However, you are not expected to have full knowledge of every element listed. Be sure your answers reflect YOUR OWN actual skills and knowledge. **If you appear to be qualified as a Power System Control Craftsman or Craftsman Trainee based on the information contained in this supplemental questionnaire, an ORAL INTERVIEW will be scheduled to confirm your level of experience.**

**PRIVACY ACT INFORMATION**

The Bonneville Power Administration is authorized to rate applicants for Federal jobs under the provisions of Title 5, United States Code, chapter 11, sections 1104, 1302, 3301, and 3304.

**The information you provide will be used to determine your qualifications for these positions. If you do not complete the information listed, we will be unable to rate your application, and you will not be considered for these positions.**

Your Social Security Number is required to keep your records straight as other people may have the same name and birthday.

CERTIFICATION STATEMENT	
I certify that the information provided in this supplemental questionnaire is true and correct to the best of my knowledge.	
Signature	Date

## SUPPLEMENTAL QUESTIONNAIRE

**MINIMUM QUALIFICATIONS FOR CRAFTSMAN OR CRAFTSMAN/TRAINEE 4 and 5:** Applicants must have a minimum of two years formal education in electronics; i.e. an Associate of Applied Science Degree such as Electronic Engineering Technology, military electronics/communications schools, apprenticeship involving electronics/communications, an electronic technician trade school, etc. The applicant must have a total of 5 years combined education and experience in maintaining electronic equipment. In addition, the applicant must be willing and capable to work under the conditions detailed under element 1.

### Instructions

This questionnaire will be used to assess the extent of your knowledge about some of the job elements of the position(s) you are applying for. This form is very long and there can be a tendency to rush through it. It is to your best interest to take your time and be complete. Short descriptive answers will be adequate, but they must include all the requested information. Minimize the use of “ditto” marks.

There are 6 sections (Elements) to this questionnaire. Read the instructions contained at the beginning of each section and in the column headings carefully. These instructions need to be followed so you will receive full credit for your past experience.

**Clarification:** The Craftsman Trainee position is not an apprenticeship. Only journeyman technicians in the electronics field qualify for this position. The Craftsman Trainee completes a training program that orients them to the specific communication equipment and systems utilized in Bonneville Power Administration.

Statements made on this form will be subject to verification by contact with former employers, and education establishments.

**A good driving record is a selective placement factor for PSC Craftsman/Trainee positions. ALL APPLICANTS MUST SUBMIT, WITH THEIR APPLICATION PACKAGES, A COPY OF THEIR COMPLETE DRIVING RECORD (COVERING THE PAST 3 YEARS AND DATED WITHIN THE LAST 3 MONTHS). Candidates with a poor driving record and/or revocation of license will be immediately disqualified from consideration.**

### DISQUALIFYING DRIVING RECORDS

Within the past THREE years, any of the following conditions disqualify an applicant for a U. S. Government Motor Vehicle Authorization:

- A. Conviction for operating a motor vehicle under the influence of alcohol or a control substance.
- B. Conviction for leaving the scene of an accident without making his or her identity known.
- C. Driver license suspended, revoked, or canceled.
- D. Any recurrent record of auto accidents/incidents, traffic violations, or arrests which demonstrates that the employee does not have an adequate sense of responsibility. This may be shown by any of the following:
  - Conviction for fleeing or attempting to elude a police officer.
  - Conviction for a felony involving the use of a motor vehicle.
  - Two or more accidents in which the applicant was at fault.
  - Two or more excessive speeding violations (15 miles per hour or more over the posted limit.)
  - Four or more moving violations

**ELEMENT 1    ABILITY TO DO THE WORK OF A POWER SYSTEM CONTROL CRAFTSMAN/TRAINEE 5 WITHOUT MORE THAN NORMAL SUPERVISION**

[illegible]

**Conditions of Employment:** Occasionally, work may be performed under other than normal conditions. Please indicate whether you will or will not work under the following conditions:

WILL

WILL NOT

\_\_\_\_\_

\_\_\_\_\_

work under varying climatic conditions

\_\_\_\_\_

\_\_\_\_\_

Work in remote locations (may be alone)

\_\_\_\_\_

\_\_\_\_\_

Work with a team or crew

\_\_\_\_\_

\_\_\_\_\_

Work from a stepladder

\_\_\_\_\_

\_\_\_\_\_

Work around high voltage

\_\_\_\_\_

\_\_\_\_\_

Work subject to emergency call outs

\_\_\_\_\_

\_\_\_\_\_

Drive a snow cat vehicle

\_\_\_\_\_

\_\_\_\_\_

Lift and carry instruments weighing up to 50 lbs (23 kg)



**ELEMENT 2 KNOWLEDGE OF THE ASSEMBLY, ADJUSTMENT, AND REPAIR OF ELECTRONIC AND COMMUNICATIONS EQUIPMENT**

Activities:

- A. INSTALLATION - mounting and external wiring  
 B. PREVENTIVE MAINTENANCE - manufacturer's recommended or company's routine maintenance  
 C. TROUBLESHOOTING - analyzing and identifying defective assembly or subassembly  
 D. MODULE REPLACEMENT - replacement of an entire assembly or subassembly  
 E. MODULE REPAIR - repairing defective components, align and test module  
 F. COMMISSIONING - initial testing, assuring proper operation, and meeting manufacturer's specifications  
 G. KNOWLEDGE OF EQUIPMENT - where knowledge of equipment was obtained

EQUIPMENT GROUPS	Work experience on each equipment in yr/months	Check each box below which describes an activity which you have independently performed on the equipment						List manufacturer of equipment and how you gained knowledge of the equipment. <b>No credit for experience will be given without this information.</b> Reference to your application is acceptable, or utilize a separate sheet if necessary.
		A	B	C	D	E	F	G
<b>1. VHF/UHF RADIO</b>								
MOBILE RADIO								
VHF RADIO REPEATER								
FIXED STATION UHF RADIO								
PORTABLE RADIO								
<b>2. POWER LINE PROTECTIVE RELAYING</b>								
POWER LINE CARRIER (Used by Power Utilities)								
POWER LINE FAULT LOCATING EQUIPMENT								
TRANSFER TRIP EQUIPMENT								
<b>3. EMERGENCY POWER EQUIPMENT</b>								
ENGINE GENERATOR POWER SYSTEMS (INCLUDING TRANSFER SWITCH)								
COMMUNICATION BATTERY & CHARGER								
INVERTERS / UPS								

**ELEMENT 2 KNOWLEDGE OF THE ASSEMBLY, ADJUSTMENT, AND REPAIR OF ELECTRONIC AND COMMUNICATIONS EQUIPMENT**

Activities:

- A. INSTALLATION - mounting and external wiring  
 B. PREVENTIVE MAINTENANCE - manufacturer's recommended or company's routine maintenance  
 C. TROUBLESHOOTING - analyzing and identifying defective assembly or subassembly  
 D. MODULE REPLACEMENT - replacement of an entire assembly or subassembly  
 E. MODULE REPAIR - repairing defective components, align and test module  
 F. COMMISSIONING - initial testing, assuring proper operation, and meeting manufacturer's specifications  
 G. KNOWLEDGE OF EQUIPMENT - where knowledge of equipment was obtained

EQUIPMENT GROUPS	Work experience on each equipment in yr/months	Check each box below which describes an activity which you have independently performed on the equipment						List manufacturer of equipment and how you gained knowledge of the equipment. <b>No credit for experience will be given without this information.</b> Reference to your application is acceptable, or utilize a separate sheet if necessary
		A	B	C	D	E	F	G
<b>4. MICROWAVE RADIO 1.8 GHz &amp; ABOVE</b>								
ANALOG COMMUNICATION RADIOS								
DIGITAL COMMUNICATION RADIOS								
RADAR								
<b>5. ANALOG OR DIGITAL MULTIPLEX</b>								
FREQUENCY DIVISION MULTIPLEX								
DIGITAL MULTIPLEX (DS1 OR T1 TYPE MULTIPLEXER)								
DACS (DIGITAL ACCESS & CROSS CONNECT SYSTEM)								
<b>6. DIGITAL SYSTEMS</b>								
DIGITAL CONTROL / ALARM SYSTEMS/PLC'S (PROGRAMMABLE LOGIC CONTROLLERS)								
SCADA SYSTEMS								
COMPUTERS								
OTHER DIGITAL SYSTEMS, I.E. STATISTICAL MULTIPLEXERS, LAN/WAN, GPS, ETC.								

**ELEMENT 2 KNOWLEDGE OF THE ASSEMBLY, ADJUSTMENT, AND REPAIR OF ELECTRONIC AND COMMUNICATIONS EQUIPMENT**

- Activities:
- A. INSTALLATION - mounting and external wiring
  - B. PREVENTIVE MAINTENANCE - manufacturer's recommended or company's routine maintenance
  - C. TROUBLESHOOTING - analyzing and identifying defective assembly or subassembly
  - D. MODULE REPLACEMENT - replacement of an entire assembly or subassembly
  - E. MODULE REPAIR - repairing defective components, align and test module
  - F. COMMISSIONING - initial testing, assuring proper operation, and meeting manufacturer's specifications
  - G. KNOWLEDGE OF EQUIPMENT - where knowledge of equipment was obtained

EQUIPMENT GROUPS	Work experience on each equipment in yr/months	Check each box below which describes an activity which you have independently performed on the equipment						List manufacturer of equipment and how you gained knowledge of the equipment. <b>No credit for experience will be given without this information.</b> Reference to your application is acceptable, or utilize a separate sheet if necessary
		A	B	C	D	E	F	G
<b>7. TELECOMMUNICATIONS SYSTEMS</b>								
TELEPHONE SWITCHING SYSTEMS (I.E. PBX)								
DIAL ACCESS TRUNKS / SIGNALING EQUIP.								
KEY TELEPHONE EQUIPMENT / SYSTEMS/DIGITAL PHONES								
TELEMETERING EQUIPMENT								
<b>8. FIBER OPTIC COMMUNICATIONS SYSTEMS</b>								
DIGITAL FIBER SYSTEMS								
ANALOG FIBER SYSTEMS								
FIBER OPTIC CABLE SPlicing/TESTING/CONNECTORIZING								

**ELEMENT 3 USE OF ELECTRONIC TEST EQUIPMENT****INSTRUCTIONS:****COLUMN A** LIST OF INSTRUMENTS USED BY POWER SYSTEM CONTROL CRAFTSMAN**COLUMN B** IF YOU HAVE UTILIZED INSTRUMENT, INDICATE AMOUNT OF USE, ACCORDING TO THE FOLLOWING CODES:

- (1) OCCASIONAL USE (YEARLY)
- (2) MODERATE USE (SEVERAL TIMES PER YEAR)
- (3) REGULAR USE (MONTHLY)
- (4) EXTENSIVE USE (WEEKLY)

**COLUMN C** INDICATE YOUR CURRENT LEVEL OF KNOWLEDGE OF THE TEST INSTRUMENT, ACCORDING TO THE FOLLOWING CODES:

- (1) BASIC KNOWLEDGE
- (2) GENERAL KNOWLEDGE ( UNDERSTAND LIMITATION AND ACCURACY OF TEST INSTRUMENT )
- (3) THOROUGH KNOWLEDGE ( ABILITY TO INSTRUCT OTHERS IN PROPER USE OF TEST INSTRUMENT )

**COLUMN D** DESCRIBE THE TYPE OF TEST YOU WERE PERFORMING AND THE MODEL NUMBER OF THE INSTRUMENT UTILIZED. THIS MUST BE COMPLETED TO BE CREDITED FOR THE USE OF THE TEST INSTRUMENT.

A.	INSTRUMENTS	B	C	D
1.	VOLT / OHM / AMP METER			
2.	RS-232 BREAK OUT BOX			
3.	COMPUTERS / PLOTTERS			
4.	DIGITAL MULTIMETER			
5.	OSCILLOSCOPE , TYPES			
6.	SINAD METER			
7.	PAR TEST SET			
8.	BERT TEST INSTRUMENT			
9.	AUDIO SIGNAL GENERATOR			
10.	PROGRAMMABLE INSTRUMENTS			
11.	GPIB CONTROLLERS			
12.	DTMF TEST SET			

**ELEMENT 3 USE OF ELECTRONIC TEST EQUIPMENT****INSTRUCTIONS:****COLUMN A** LIST OF INSTRUMENTS USED BY POWER SYSTEM CONTROL CRAFTSMAN**COLUMN B** IF YOU HAVE UTILIZED INSTRUMENT, INDICATE AMOUNT OF USE, ACCORDING TO THE FOLLOWING CODES:

- (1) OCCASIONAL USE (YEARLY)
- (2) MODERATE USE (SEVERAL TIMES PER YEAR)
- (3) REGULAR USE (MONTHLY)
- (4) EXTENSIVE USE (WEEKLY)

**COLUMN C** INDICATE YOUR CURRENT LEVEL OF KNOWLEDGE OF THE TEST INSTRUMENT, ACCORDING TO THE FOLLOWING CODES:

- (1) BASIC KNOWLEDGE
- (2) GENERAL KNOWLEDGE ( UNDERSTAND LIMITATION AND ACCURACY OF TEST INSTRUMENT )
- (3) THOROUGH KNOWLEDGE ( ABILITY TO INSTRUCT OTHERS IN PROPER USE OF TEST INSTRUMENT )

**COLUMN D** DESCRIBE THE TYPE OF TEST YOU WERE PERFORMING AND THE MODEL NUMBER OF THE INSTRUMENT UTILIZED. THIS MUST BE COMPLETED TO BE CREDITED FOR THE USE OF THE TEST INSTRUMENT

A. INSTRUMENTS	B	C	D
13. WHITE NOISE TEST SET			
14. AUDIO SPECTRUM ANALYZER			
15. VHF / UHF SERVICE MONITOR			
16. VHF / UHF POWER METER			
17. RF FREQUENCY COUNTER			
18. RF SPECTRUM ANALYZER			
19. RF SIGNAL GENERATOR			
20. FREQUENCY SELECTIVE VOLTMETER			
21. BASEBAND SPECTRUM ANALYZER			
22. MICROWAVE POWER METER			

**ELEMENT 3 USE OF ELECTRONIC TEST EQUIPMENT.****INSTRUCTIONS:****COLUMN A** LIST OF INSTRUMENTS USED BY POWER SYSTEM CONTROL CRAFTSMAN**COLUMN B** IF YOU HAVE UTILIZED INSTRUMENT, INDICATE AMOUNT OF USE, ACCORDING TO THE FOLLOWING CODES:

- (1) OCCASIONAL USE (YEARLY)
- (2) MODERATE USE (SEVERAL TIMES PER YEAR)
- (3) REGULAR USE (MONTHLY)
- (4) EXTENSIVE USE (WEEKLY)

**COLUMN C** INDICATE YOUR CURRENT LEVEL OF KNOWLEDGE OF THE TEST INSTRUMENT, ACCORDING TO THE FOLLOWING CODES:

- (1) BASIC KNOWLEDGE
- (2) GENERAL KNOWLEDGE ( UNDERSTAND LIMITATION AND ACCURACY OF TEST INSTRUMENT )
- (3) THOROUGH KNOWLEDGE ( ABILITY TO INSTRUCT OTHERS IN PROPER USE OF TEST INSTRUMENT )

**COLUMN D** DESCRIBE THE TYPE OF TEST YOU WERE PERFORMING AND THE MODEL NUMBER OF THE INSTRUMENT UTILIZED. THIS MUST BE COMPLETED TO BE CREDITED FOR THE USE OF THE TEST INSTRUMENT

A. INSTRUMENTS	B	C	D
23. DS1/T1 TEST SET			
24. NETWORK CABLE TESTER, CAT 5, CAT 8, ETC.			
25. LOGIC ANALYZER			
26. NETWORK ANALYZER			
27. DATA ERROR ANALYZER			
28. PROTOCOL ANALYZER			
29. FIBER OPTICS ATTENUATOR			
30. FIBER OPTIC SOURCES/POWER METER			
31. FIBER OPTICS OTDR			
32. RFI/TVI TEST EQUIPMENT			
33. MICROWAVE SWEEP GENERATOR			
34. MICROWAVE NOISE LOADING TEST SET			

35. MICROWAVE LINK ANALYZER			
36. SCADA TEST SET			

PSC CRAFTSMAN/TRAINEE 5 SUPPLEMENTAL QUESTIONNAIRE

NAME \_\_\_\_\_

**ELEMENT 4 KNOWLEDGE OF ELECTRONIC COMMUNICATION THEORY**

A. Formal Education (Circle Highest Grade Completed)	High School					College				Technical School			
	8	9	10	11	12	1	2	3	4	# of months completed _____			

Degrees or certificates awarded from college or technical school: \_\_\_\_\_

**ATTACH COPY OF COLLEGE OR TECHNICAL SCHOOL TRANSCRIPTS**

NAME OF SCHOOL	LOCATION	DATES ATTENDED		HIGHEST DEGREE AWARDED
		FROM	TO	

Have you completed a formal Electronic Communications Apprenticeship Program? Yes \_\_\_\_\_ No \_\_\_\_\_ Which craft/trade \_\_\_\_\_  
 Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_ Length of training/Number of Years \_\_\_\_\_  
 Sponsored by: \_\_\_\_\_ Did you receive a certificate: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Which of the following did the apprenticeship include? On-the-job Training \_\_\_\_\_ Classroom \_\_\_\_\_ Correspondence \_\_\_\_\_

B. List courses you have taken related to the electronic communications area including courses taken in **military, manufacturers-sponsored training, company-sponsored training, I.C.S., college, trade school, union, or others. List hours/days/or weeks of training.** (If necessary, continue on an additional sheet of paper.) DO NOT LIST COURSES WHICH WERE A PART OF YOUR APPRENTICESHIP TRAINING.

Course Title	Type of School	Date Begin	Date Ending	Credit Hours	Classroom Hours	Pass	Fail	Quit	Brief Course Description

**ELEMENT 4 KNOWLEDGE OF ELECTRONIC COMMUNICATION THEORY**

C. INSTRUCTIONS: IN THE BOX NEXT TO EACH THEORY, PLACE THE NUMBER WHICH DESCRIBES YOUR CURRENT LEVEL OF KNOWLEDGE.

LEVEL OF KNOWLEDGE:

1. NO KNOWLEDGE OF THAT THEORY
2. BASIC UNDERSTANDING OF THE THEORY
3. THOROUGH KNOWLEDGE AND APPLICATION OF THEORY
4. COMPREHENSIVE UNDERSTANDING AND ABILITY TO INSTRUCT OTHERS

THEORY	KNOWLEDGE NUMBER	THEORY	KNOWLEDGE NUMBER	THEORY	KNOWLEDGE NUMBER
<b>ELECTRONIC</b>		FIBER OPTICS SYSTEMS		ANALOG IC	
POWER LINE CARRIER THEORY		RF WAVE GUIDE SYSTEMS		SCR'S, FET'S, AND MOV'S	
ADVANCED AC THEORY		RF TRANSMISSION LINE		OPERATIONAL AMPLIFIERS	
INDUCTIVE / CAPACITIVE REACTANCE		RF TRANSMITTER		CMOS, LSI, VLSI	
DATA TRANSMISSION THEORY		RF RECEIVER		<b>MATHEMATICAL THEORY</b>	
ANTENNA RADIATION THEORY		RF POWER AMPLIFIER		ALGEBRA	
AUDIO POWER AMPLIFIER		TELEPHONE SYSTEMS		VECTOR ANALYSIS	
POWER SUPPLY		DECIBELS		CALCULUS	
TVI - RFI THEORY		ANTENNA SYSTEMS		<b>COMPUTER THEORY AND DATA COMMUNICATIONS</b>	
<b>TELECOMMUNICATION</b>		RF WAVE PROPAGATION		PC – GENERAL USE	
MICROWAVE COMMUNICATION		TELEPHONE SWITCHING THEORY		NETWORKING	
MULTIPLEX SYSTEMS		<b>SOLID STATE THEORY</b>		NUMBER SYSTEMS - INCLUDING BINARY, HEXADECIMAL & OCTAL	
MICROWAVE MEASUREMENT		TRANSISTOR		PROGRAMMING	
MODULATION THEORY		DIODE		COMMUNICATIONS PROTOCOL	
VHF / UHF COMMUNICATION SYSTEMS		DIGITAL IC		ROUTERS, BRIDGES, HUBS	



**ELEMENT 5 TROUBLESHOOTING (ELECTRONIC EQUIPMENT)****PART A**

FOR EACH **KIND OF TROUBLESHOOTING** LISTED BELOW, INDICATE YOUR HIGHEST EXPERIENCE BY WRITING THE TROUBLESHOOTING TYPE NUMBER AND GIVE AN EXAMPLE THAT DEMONSTRATES THAT LEVEL OF EXPERIENCE.

**TROUBLESHOOTING EXPERIENCE TYPE NUMBERS:**

1. **HAVE NOT DONE**
2. **HAVE ASSISTED OR DONE WITH GUIDANCE**
3. **HAVE SHARED RESPONSIBILITY WITH OTHER TEAM MEMBERS**
4. **FULLY RESPONSIBLE FOR INDEPENDENT TROUBLESHOOTING**
5. **HAVE BEEN A TECHNICAL RESOURCE FOR OTHERS (i.e. SENIOR LEAD TECHNICIAN)**

KIND OF TROUBLESHOOTING	EXPERIENCE NO. (1-5)	GIVE AN EXAMPLE (EQUIPMENT, PROBLEM, RESOLUTION, SERVICE AWARDS, ETC.)
REPLACED MINOR COMPONENTS, USING VISUAL INSPECTION TO DETECT TROUBLE OR FAILURES		
TROUBLESHOOT EQUIPMENT TO THE CIRCUIT CARD AND REPLACE FAILED CARD (MODULE REPLACEMENT)		
TROUBLESHOOT CARDS TO THE COMPONENT LEVEL AND REPAIR BY REPLACING THE COMPONENT		
TROUBLESHOOT A COMPLETE SYSTEM INCLUDING SEVERAL SUBSYSTEMS		
TROUBLESHOOT EQUIPMENT THAT IS NEW TO YOU USING INSTRUCTION MANUALS AND DRAWINGS		
TROUBLESHOOT ELECTRONIC EQUIPMENT UNDER CONDITIONS OF LIMITED TIME (MINIMAL OUTAGE DURATION)		

**ELEMENT 5 TROUBLESHOOTING (ELECTRONIC EQUIPMENT)****PART A**

FOR EACH **KIND OF TROUBLESHOOTING** LISTED BELOW, INDICATE YOUR HIGHEST EXPERIENCE BY WRITING THE TROUBLESHOOTING TYPE NUMBER AND GIVE AN EXAMPLE THAT DEMONSTRATES THAT LEVEL OF EXPERIENCE.

**TROUBLESHOOTING EXPERIENCE TYPE NUMBERS:**

1. HAVE NOT DONE
2. HAVE ASSISTED OR DONE WITH GUIDANCE
3. HAVE SHARED RESPONSIBILITY WITH OTHER TEAM MEMBERS
4. FULLY RESPONSIBLE FOR INDEPENDENT TROUBLESHOOTING
5. HAVE BEEN A TECHNICAL RESOURCE FOR OTHERS (i.e. SENIOR LEAD TECHNICIAN)

KIND OF TROUBLESHOOTING	EXPERIENCE NO. (1-5)	GIVE AN EXAMPLE (EQUIPMENT, PROBLEM, RESOLUTION, SERVICE AWARDS, ETC.)
TROUBLESHOOT INTERMITTENT RECURRING MALFUNCTIONS		
TROUBLESHOOT USING TEST JIGS TO DETECT TROUBLE		
TROUBLESHOOT DATA TRANSMISSION PROBLEMS (MODEMS, STAT MUX, ROUTERS, ETC.)		
DEVELOPED A TROUBLE SHOOTING PROCEDURE OR GUIDE THAT WAS UTILIZED BY OTHERS		
TROUBLESHOOT A RF PROPAGATION, INTERMOD, OR ANTENNA SYSTEM PROBLEM		
UTILIZED DIGITAL LOGIC TROUBLE SHOOTING TECHNIQUES		

**ELEMENT 5 TROUBLESHOOTING (ELECTRONIC EQUIPMENT)****PART B**

LIST OF DOCUMENTATION	YES	NO	INDICATE HOW YOU HAVE USED THE DOCUMENTATION, FOR WHAT PURPOSE, AND WHAT KIND OF EQUIPMENT WAS INVOLVED
1. EQUIPMENT INSTRUCTION BOOKS			
2. EQUIPMENT ELECTRICAL WIRING DIAGRAMS			
3. EQUIPMENT CABLING DIAGRAMS			
4. EQUIPMENT TEST DOCUMENTATION			
5. EQUIPMENT SPECIFICATIONS			
6. EQUIPMENT FLOOR PLANS			
7. JACKFIELD WIRING DIAGRAMS			
8. WAVE GUIDE ROUTING DIAGRAMS			
9. SITE DEVELOPMENT DRAWINGS			
10. SIGNAL FLOW DIAGRAMS			
11. BLOCK AND LEVEL DIAGRAMS			
12. PROVISION RECORDS ON DIGITAL SYSTEMS			

**ELEMENT 5 TROUBLESHOOTING (ELECTRONIC EQUIPMENT)****PART B**

LIST OF DOCUMENTATION	YES	NO	INDICATE HOW YOU HAVE USED THE DOCUMENTATION, FOR WHAT PURPOSE, AND WHAT KIND OF EQUIPMENT WAS INVOLVED
13. SINGLE LINE DIAGRAMS			
14. DIGITAL LOGIC DIAGRAMS			
15. CIRCUIT SCHEMATIC DIAGRAMS			
16. CROSS CONNECT DIAGRAMS OR CIRCUIT LAYOUT RECORD CARDS			
17. SYSTEM TEST PLAN			
18. COMMUNICATION TOWER ASSEMBLY AND ERECTION PLANS			
19. PASSIVE REFLECTOR PLOT PLANS, ASSEMBLY DRAWING			
20. INSTALLATION HARDWARE DRAWINGS			
21. CIRCUIT MODIFICATION DIAGRAMS			
22. MAINTENANCE PROCEDURES			
23. FACTORY FIELD CHANGES			
24. WORK STATEMENTS/ PROJECT DIAGRAMS			

**ELEMENT 6 INGENUITY (ABILITY TO SUGGEST AND APPLY NEW METHODS)****NOTE: THIS ELEMENT IS NOT PART OF THE RATING FOR TRAINEE POSITIONS. APPLICANTS FOR CRAFTSMAN MUST COMPLETE THIS PAGE.**

Check each item listed below which applies to your experience and training. Give explanation beneath each item.

Check

Here

☐ Have put new maintenance ideas into practice. List one or two such ideas.

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☐ Have contributed ideas for increasing efficiencies in getting maintenance tasks accomplished. List one or two such ideas.

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☐ Have suggested modifications in communications equipment and procedures to solve problems. List suggestions made, awards received, if any.

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☐ Have developed a maintenance procedure for new equipment that was adopted by my company. List one or two contributions.

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USE ADDITIONAL SHEETS IF YOU NEED MORE ROOM.

**ELEMENT 6   INGENUITY (ABILITY TO SUGGEST AND APPLY NEW METHODS)****NOTE: THIS ELEMENT IS NOT PART OF THE RATING FOR TRAINEE POSITIONS. APPLICANTS FOR CRAFTSMAN MUST COMPLETE THIS PAGE.**

Check each item listed below which applies to your experience and training. Give explanation beneath each item.

Check

Here

☐ Have repaired electronic equipment with limited documentation and no specific training on the equipment. List one or two examples..

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☐ Have contributed to design modification of telecommunication and control equipment. List contributions made and patents, if any.

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☐ Have adapted test equipment or operational / maintenance procedures to solve an emergency situation and restore telecommunication service. List adaptations made.

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☐ Have written computer programs to perform specific task ( such as control of test equipment) OR have made significant changes to existing programs to enhance its function.

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USE ADDITIONAL SHEETS IF YOU NEED MORE ROOM.